

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095056

1. Entity Name  
KONUS USA CORPORATION



**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90099 002 \*\*\*150.00

0285613 AV

Principal Place of Business  
8359 NW 68 STREET  
MIAMI FL 33166

Mailing Address  
8359 NW 68 STREET  
MIAMI FL 33166



2. Principal Place of Business  
**7275 NW. 87 AVE.**

3. Mailing Address  
**7275 NW 87 AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number **65-0895605**

Applied For  
Not Applicable

Zip **33178** Country **USA**

Zip **33178** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BEJARANO, ELSA S  
705 NW 111TH COURT #7  
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name **BEJARANO, ELSA S**  
Street Address (P.O. Box Number is Not Acceptable) **10935 S.W. 71 STREET**  
City **MIAMI** FL Zip Code **33173**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-17-03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **ALBERTI, GIUSEPPE**  
STREET ADDRESS **8359 NW 68 STREET**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☒ Change ☐ Addition  
NAME **7275 NW 87 AVE.**  
STREET ADDRESS **MIAMI, FL 33178**  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **ALBERTI, STEFANO**  
STREET ADDRESS **8359 NW 68 STREET**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☒ Change ☐ Addition  
NAME **7275 NW 87 AVE.**  
STREET ADDRESS **MIAMI, FL 33178**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**305-592 5500**

CR2E034 (10/02)